



Ukrainian Elderly Peoples Home trading as Kalyna Care
Incorporated as a Public Company, Limited by Guarantee

344 Taylors Road, Delahey, VIC 3037

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APPLICATION FOR ADMISSION TO: KALYNA CARE

PLEASE RETURN TO:

KALYNA CARE
344 TAYLORS ROAD
DELAHEY VIC 3037

PLEASE NOTE: EVERY QUESTION MUST BE ANSWERED

PLEASE USE BLOCK LETTERS

WRITE **N/A** IF QUESTION DOES NOT APPLY.

FOR OFFICE USE ONLY

NAME _____

FORM SENT ____/____/____

COMPLETED FORM RECEIVED ____/____/____

DATE OF ADMISSION ____/____/____

DATE OF DEPARTURE ____/____/____

PRIVACY COLLECTION STATEMENT

Kalyna Care is collecting information via this form for the purpose of processing your application and assessing the level of residential and medical care appropriate to your needs.

The information relating to your current state of health will be disclosed to the Commonwealth Government as this is a requirement under the *Aged Care Act 1997*. It will be used to make decisions about the level of funding that you will be entitled to receive.

The other information collected on this form will not be disclosed to any individual or organisation without your consent.

If you would like to access any of the information collected on this form then you may contact the Residential Services Manager of Kalyna Care.

1.

THE APPLICANT

- a. Surname: Mr / Mrs/ Miss _____
Given Names _____
- b. Date of Birth ____/____/____
- c. Current Address _____
- d. If born overseas, year of arrival in Australia _____
- e. State whether married, single, widow, widower, separated, deserted or divorced _____
- f. Religion _____
- g. Briefly, give reasons for applying for accommodation _____

- h. Have you been assessed by an Aged Care Assessment Service as requiring aged care? _____
- i. Pension Number _____ EXPIRY DATE: _____
- j. Medicare Number _____ EXPIRY DATE: _____
- k. Do you have private medical cover? Yes / No? (Please circle) If yes, which fund?
_____ Table _____
- l. Name, address and phone number/s of the primary responsible relative/person:
Mr/Mrs/Miss _____ Telephone _____
Mobile: _____ Email: _____
Address _____
Please select preferred method of contact:
Telephone Mobile Email
- Relationship of responsible relative / person to the applicant _____
- m. Have you made a will? _____
Where is it lodged? _____
Name of executor?

Address of executor _____

2. OTHER EMERGENCY CONTACT

FIRST NAME _____ SURNAME _____

RELATIONSHIP TO RESIDENT _____

ADDRESS _____

SUBURB _____ POSTCODE _____

TELEPHONE _____ MOBILE _____

EMAIL _____

3. MEDICAL

DO YOU HAVE A GENERAL PRACTITIONER WHO HAS AGREED TO PROVIDE CARE FOR YOU AT KALYNA CARE? Yes No

Please Note: It is essential that your doctor agrees to visit you at Kalyna Care or provides a locum service, outside of normal business hours, in the event of illness or injury.

IF YES, PLEASE PROVIDE YOUR GENERAL PRACTITIONER'S DETAILS:

GP'S NAME/ PRACTICE _____

ADDRESS _____

TELEPHONE _____ MOBILE _____ FAX _____

EMAIL _____

IF NOT, THERE ARE DOCTORS WHO ROUTINELY VISIT KALYNA CARE RESIDENCES WHO CAN BE YOUR NOTIMATED MEDICAL PRACTITIONER. WE CAN PROVIDE YOU WITH THEIR INFORMATION.

4. PREVIOUS AGED CARE EXPERIENCE

Have you previously received a Home Care Package? Yes No

If yes, commencement date: ____ / ____ / ____

Have you paid an Accommodation Bond or Accommodation Payment Contribution to another residence? Yes No

Paid as: Lump Sum Daily Fee

If yes, please provide the following details:

RESIDENCE NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

DATE OF 1ST ADMISSION ____ / ____ / ____ BOND VALUE \$

5. ASSET AND INCOME DETAILS

The following information is required to enable aged care residence to determine whether the resident will be required to pay an Accommodation Payment or Accommodation Contribution. Kalyna Care suggests you seek independent legal and financial advice.

Do you own, or part own, the house, unit or flat in which you normally live? Yes No

If yes, please provide the following information, in regards to the property:

ADDRESS _____

CURRENT MARKET VALUE OF PROPERTY \$

SHARE OF PROPERTY VALUE %

To determine if your home can be excluded from your assets assessment, please answer the following questions:

Do you have a spouse or dependent child living in your home? Yes No

If yes, please indicate: Spouse Dependant Child

Have you had a carer, who is eligible for a person a pension or other support payment, living in your home for at least the past two years? Yes No

Have you had a close relative, who is eligible for a pension or other income support, living in your home for at least the past five years? Yes No

Have you disposed of any property, in which you were living, in the past two years? Yes No

Do you own, part own, any other residential or commercial property? Yes No

Have you any loans to repay? Yes No If yes, please give value details: \$

Other assets: Cash (Term Deposits, Savings, Cheque Accounts) \$

Shares & Debentures \$ Property & Managed Trusts \$ Other Assets \$

Do you receive a pension, superannuation or annuity of any type? Amount received per fortnight

\$ \$ \$
Centrelink/ DVA Pension Overseas Pension Disability Pension

Superannuation \$ Annuity \$ Other \$

Signed (Resident or Representative): _____ **Date:** ____ / ____ / ____

6.

LEGAL AND FINANCIAL MANAGEMENT

HAS ANYONE BEEN APPOINTED ON YOUR BEHALF AS AN:

Enduring Power of Attorney

Power of Attorney (Financial)

Power of Attorney (Medical Treatment)

Power of Attorney (Guardianship)

Please note: A copy of each document will be required prior to admission.

WHERE WOULD YOU LIKE YOUR MONTHLY INVOICES FROM KALYNA CARE SENT?

Resident

Representative

Other (provide details) _____

7.

AGREEMENT AS TO FINANCIAL MAINTENANCE OF APPLICANT

IN THE EVENT OF THIS APPLICANT BEING LIABLE FOR FEES, PLEASE STATE NAME AND ADDRESS OF PERSON TO WHO ACCOUNTS ARE TO BE SENT:

NAME _____

ADDRESS _____

IN CONSIDERATION OF _____
(Name of the Applicant)

I/We _____
(Name) (Address)

_____ of the applicant, do
(Relationship to Applicant)

hereby agree to pay “**Kalyna Care**” towards the cost of accommodation and maintenance, a monthly sum as assessed by The Commonwealth Department of Human Services in conjunction with Centrelink”.

Signed _____

Witness _____

Date ____ / ____ / ____

Email: Please provide an email address below if you wish to receive invoices and notices via email

8. REFUND POLICY

Fee refunds for residents that have passed away

Kalyna Care understands the time just after a loved family member has passed is extremely emotional and claiming a refund is not top of mind. The Kalyna Care policy is to arrange refunds of overpayments or credits due within 2 months following departure. This time frame enables us to reconcile potential fee adjustments for government subsidies and charges from third party service providers. If the refund or credit amount is more than \$2,000 it is our policy to issue refund cheques made out in the name of the deceased persons estate. Where a refund of an Accommodation Bond or a Refundable Accommodation Deposit is due, a Grant of Probate must be provided in order to release the funds. Once the Grant of Probate is provided the funds will be released within 2 weeks.

Where possible and appropriate, we will always try to take reasonable steps to make an interim payment in cases of hardship.

Fee refunds for residents that have been transferred

As with all refunds our aim is to finalise them within 2 months of the resident transferring, leaving adequate time for government subsidies and third-party service providers reconciliation.

Unless advised otherwise we typically refund the resident directly by mailing a cheque or by direct deposit to the resident's account.

Collection of Personal Items

We care and support a number of residents, so you would understand that it is impractical for us to store personal items belonging to residents that have passed. We are very aware that families are working through priorities at this emotional time, so to support you we offer a 5-day time frame in which to vacate the room. The room charge still applies during this period. If the room is not vacated within 5 days clothing and small personal effects will be packed and held for a period of 7 days. If no contact is made with us to arrange collection of these items and any other personal effects it is assumed they are no longer required and they will be disposed of. Any charges involved with the disposal of personal items will be charged to the resident's estate.

If you have any questions regarding the refund procedure or the collection of personal items please contact the Residential Services Manager.

STATUTORY DECLARATION

IN SUBMITTING THIS APPLICATION, I DECLARE ALL THE ANSWERS TO BE TRUE AND CORRECT. AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE PROVISION OF AN ACT OF PARLIAMENT OF VICTORIA RENDERING PERSONS MAKING A FALSE DECLARATION PUNISHABLE FOR WILFUL AND CORRUPT PERJURY.

SIGNATURE OF APPLICANT _____
Or RESPONSIBLE PERSON

PRINTED NAME OF APPLICANT _____
OR RESPONSIBLE PERSON

RELATIONSHIP OF RESPONSIBLE PERSON TO APPLICANT _____

DECLARED BEFORE ME THIS _____ DAY OF _____ YEAR _____

JUSTICE OF THE PEACE _____
COMMISSIONER FOR TAKING DECLARATIONS AND AFFIDAVITS

STATEMENT IN RESPECT OF _____
Name of Applicant

a resident of **Kalyna Care** in the State of Victoria ("the Home").

Residents will be absent from the Home from time to time to go out alone, go out with relatives, go out with friends, attend social functions or to attend to other personal matters.

I acknowledge and agree that the Home shall not be liable for any claims, damages expenses or loss arising out of any accident, injury, death, illness or damage of any kind whatsoever suffered by the Resident during any temporary absence from the Home. In consideration of the Home agreeing to accept the Resident under its care, I agree to indemnify the Home against any claims, damages, loses or expenses made of claimed against the Home by or on behalf of the Resident and/or by any third party in respect of or arising out of any action or omissions of the Resident during any temporary absence from the Home.

SIGNED _____ DATED ____/____/____

RELATIONSHIP TO APPLICANT _____

WITNESSED BY _____ DATE ____/____/____

Please print name and position of witness.

I/we understand that **Kalyna Care** does not guarantee or infer that I/we shall have right to permanent occupancy of the room/s allotted to me/us on entry to **Kalyna Care**.

Further, should **Kalyna Care** require me/us to vacate and move into another room/s in **Kalyna Care**, I/we shall cooperate with such request without unreasonable delay.

SIGNED _____

WITNESS _____ DATE ____/____/____

Statutory Declarations

Statutory Declarations made in Victoria

The form of statutory for use in Victoria which was previously contained in the *Evidence Act 1958* has been abolished. As there is now no prescribed form of statutory declaration, practitioners are advised to refer to p. 155 for the form recommended by the Attorney-General's Department.

Since the coming into operation of the *Magistrate's Court Act 1989*, any of the following persons may witness the signing of a statutory declaration within Victoria:-

- A Justice of the Peace or Bail Justice
- A notary public
- A barrister and solicitor of the Supreme Court
- A clerk to a barrister and solicitor of the Supreme Court
- The Prothonotary or a Deputy Prothonotary of the Supreme Court
- The Registrar or a Deputy Registrar of the County Court
- The Principal Registrar of the Magistrates' Court
- The Registrar or a Deputy Registrar of the Magistrates Court
- The Registrar or Probates or an Assistant Registrar of Probates
- The associate to a Judge of the Supreme Court or of the County Court
- The secretary of a Master of the Supreme Court or of the County Court
- A person registered as a patent attorney under Part XV of the *Patents Act 1952* of the Commonwealth
- A member of the police force
- The Sheriff or a Deputy Sheriff
- A member or former member of either House of the Parliament of Victoria
- A member or former member of either House of the Parliament of the Commonwealth
- A councillor of a municipality
- A town clerk or shire secretary
- A legally qualified medical practitioner
- A dentist
- A veterinary surgeon
- A pharmacist
- A principal in the teaching service
- The manager of a bank
- A member of the Institute of Chartered Accountants in Australia of the Australian Society of Accountants or the National Institute of Accountants
- The secretary of a building society
- A minister of religion authorised to celebrate marriages
- A person who holds an office in the public service that is prescribed as an office to which s. 107a of the *Evidence Act 1958* applies
- A fellow of the Institute of Legal Executives (Victoria)

Statutory Declarations made outside Victoria

A statutory declaration should be made in accordance with the law of the State or Territory where it is made.

The forms to be used when preparing statutory declarations to be made in another State or Territory, and some of the persons before whom such a statutory declaration may be made, are set out below:-

New South Wales

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900*.

- Justice of the Peace
- Solicitor holding a current practising certificate
- Notary public

Queensland

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act of 1867*

- Justice of the Peace
- Barrister, solicitor or conveyancer qualified under the law of the Commonwealth, another State or a Territory
- Notary public
- Commissioner for declaration